

## WELL COMPLETION OR RECOMPLETION REPORT

Form No. R4

5-22

## PART I GENERAL INFORMATION

Name of Operator	Indiana Gas Company, Inc.	Telephone Number (317 ) 321-0404	Permit Number 42522 49487
Address of Operator ( <input type="checkbox"/> Check if new address; effective date __/__/__) 1630 N. Meridian Street			
City	Indianapolis	State	IN Zip Code 46202

## PART II WELL INFORMATION

Well Type			
<input type="checkbox"/> Dry Hole	<input checked="" type="checkbox"/> Gas Storage/Observation	<input type="checkbox"/> Saltwater Disposal	
<input type="checkbox"/> Oil	<input type="checkbox"/> Geologic/Structure Test	<input type="checkbox"/> Enhanced Recovery	
<input type="checkbox"/> Gas	<input type="checkbox"/> Non Potable Water Supply		
<input type="checkbox"/> Non Commercial Gas			

## PART III LOCATION INFORMATION

Name of Lease	Danner	Well Number	#2 BRT-025	Ground Level Elevation	686'			
Section (or Loc., Survey, Donation)	26	Twp	Rge	1/4	1/4	1/4	47' from N line	13' from E line
County	White	26N	4W	NE	NW	SE		
Distance to nearest well completed in the same zone		1320'						

## PART IV COMPLETION INFORMATION

Drilling Dates:		Tools:		Total Depth:		
Commenced June 12, 1990		Rotary From 0 'To 122'		Drillers 1019'		
Completed Sept 29, 1990		Cable From 122 'To 1019'		Loggers 1009 (bridged)'		
Casing & Tubing Record			Cement		Hole	
O.D. Size (inches)	Wt/ft.-Grade New/Used	Depth (ft.)	Cu./ft.	Class-lb./gal	Depth (ft.)	Diameter (inches)
Surface 8 5/8"	24# J55 New	122	34	A - 15.5#	120	11"
Intermediate	-			-		
Long String 5 1/2" O.D.	14# J55 New	1002.5	258	POZ-Mix 14.5#	1003	7 7/8"
Tubing Open hole	-				1019	4 3/4"
Packer Type <input type="checkbox"/> Tension <input type="checkbox"/> Compression			Packer Depth _____'			

PART IV Cont...

COMPLETION INFORMATION

Geophysical Logs (list types)	Completion Intervals	Well Treatments
	From _____ 'to _____ '	Fracture _____ gal.
GRN	From surface 'to 1009 '	Fracture _____ gal.
CBL	From surface 'to 1002 '	Acid 4,700 gal.
	From _____ 'to _____ '	Acid _____ gal.
	Open Hole	
	From _____ 'to _____ '	Shot _____ qts.

Name of Formation Trenton	Initial Production (first 24 hours) Oil 0 Bbl GAS 0 MCF
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PART V

OCCURRENCE OF OIL & GAS

Interval	Type of Formation (Ls, Ss, etc...)	Special Test Description (DST's, Pump tests, Fill-up, etc...)
From _____ ' To _____ '	None	
From _____ ' To _____ '		
From _____ ' To _____ '		
From _____ ' To _____ '		
From _____ ' To _____ '		

51-12

AFFIRMATION

10/03/94

## Construction:

Surface Casing \_\_\_\_\_  
Setting Depth 122 '  
Size 8 5/8 "O.D.

Hole Size \_\_\_\_\_  
11 "  
Cement Top surface '  
cu./ft. 34

Intermediate Casing \_\_\_\_\_  
Setting Depth \_\_\_\_\_ '  
Size \_\_\_\_\_ "O.D.

Hole Size \_\_\_\_\_  
" \_\_\_\_\_  
Cement Top \_\_\_\_\_ '  
cu./ft. \_\_\_\_\_

Long String \_\_\_\_\_  
Setting Depth 1002.5 '  
Size 5 1/2 "O.D.

Hole Size \_\_\_\_\_  
7 7/8 "  
Cement Top surface '  
cu./ft. 258

Tubing \_\_\_\_\_  
Setting Depth \_\_\_\_\_ '  
Size \_\_\_\_\_ "O.D.

Packer \_\_\_\_\_  
Setting Depth \_\_\_\_\_ '

## Perforations:

From \_\_\_\_\_ 'to \_\_\_\_\_ '

From \_\_\_\_\_ 'to \_\_\_\_\_ '

From \_\_\_\_\_ 'to \_\_\_\_\_ '

Total Depth \_\_\_\_\_  
1019 '

## Geological:

Deepest U.S.D.W. \_\_\_\_\_  
Depth to Top \_\_\_\_\_ '  
Thickness \_\_\_\_\_

Vertical distance between  
bottom of the lowest  
U.S.D.W. to top of  
injection zone \_\_\_\_\_

Top Confining Zone  
Name \_\_\_\_\_  
Depth to Top \_\_\_\_\_ '  
Thickness \_\_\_\_\_

Primary Lithology  
☐ Shale ☐ Lime

Injection Zone  
Name \_\_\_\_\_  
Depth to Top \_\_\_\_\_ '  
Thickness \_\_\_\_\_

Primary Lithology  
☐ Sandstone ☐ Lime

## Injection Intervals

From \_\_\_\_\_ 'to \_\_\_\_\_ '

From \_\_\_\_\_ 'to \_\_\_\_\_ '

From \_\_\_\_\_ 'to \_\_\_\_\_ '